

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE									
							APPLICANT(S)										
CLAIMS																	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.				
1							51										
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46							96										
47							97										
48							98										
49							99										
50							100										
TOTAL IND.		2	TOTAL DEP.		21	TOTAL CLAIMS		23	TOTAL IND.			TOTAL DEP.			TOTAL CLAIMS		